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## CONTENTS:

### COMMUNICATIONS.

BARROW, DAVID, M. D., Lexington, Ky.—How the Refinements of Abdominal Surgery have Influenced General Surgery.....	398
AULDE, JOHN, M. D., Philadelphia, Pa.—Mineral Waters and their Substitutes.....	397
GASTON, J. McFADDEN, M. D., Atlanta, Ga.—Ovariotomy: A Case, with Extensive Adhesions....	401
CURRIER, JOHN M., M. D., Newport, Vt.—The Use of Carbonate of Ammonia.....	403

### PERISCOPE.

Leprosy in Turkey.—Fecal Tumors in Obstetric Practice.—Repair of Tendons.—New Investigations Upon Rabies.—Relapse in Sarcomas of the Limbs.—The Physician's Rights in Fixing a Fee.—Gynecology in General Practice.—The Use of Alcohol in Disease.—Mixture for Waxy Concretions in the Ear.—Non-Poisonous White Lead.—A Novel Question as to Anesthetics.—Nursing in Private Families.—Presbyterian Hospital Training School.—To Abort Furuncles.	404-408
---	---------

### EDITORIALS.

TOLERANCE OF OPERATIONS ON THE LIVER.....	409
NIGHT TERRORS IN CHILDREN.....	409
MISSISSIPPI VALLEY MEDICAL ASSOCIATION.....	410

## COMMUNICATIONS.

### HOW THE REFINEMENTS OF ABDOMINAL SURGERY HAVE INFLUENCED GENERAL SURGERY.<sup>1</sup>

BY DAVID BARROW, M. D.,  
LEXINGTON, KY.

That the refinements of abdominal surgery have been the principal factor in the wonderful results attained in this special work is certain; and that the successes in the abdominal cavity have made the general surgeon bold and have caused him to enter new fields and apply the truths learned in the abdomen to varied traumas, is equally well known. To the small and rapid incision, minimum manipulation, thorough

PHENACETIN.....	411
THE TENNESSEE BOARD OF HEALTH AND YELLOW FEVER.....	412
AMERICAN PUBLIC HEALTH ASSOCIATION.....	412
FAITH CURE.....	413

### BOOK REVIEWS.

MORRIS: Essentials of Materia Medica. Therapeutics, and Prescription Writing arranged in the Form of Questions and Answers Prepared Especially for Students of Medicine.—PARVIN; Lectures on Obstetric Nursing.....	413
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### NOTES AND COMMENTS.

Curability of Surgical Tuberculosis.—Suprapubic Lithotomy.—Value of Kola Nut.—Results of Vaccination on the Arm and Leg.—Tinea Versicolor.—Formation of Adipocere.—Acute Tympanites treated by Acupuncture.—Rabies and Essence of Tanay.—Pulsatilla in Dysmenorrhea and Ovaralgia.—Abdominal Section in Typhoid Fever.—Recovery from a Snake Bite.—Melon-Seed Bodies in Joints and Tendon-Sheaths.—Ovariotomy During Pregnancy.—Sulphur as a Disinfectant.—Treatment of Catarrh of the Bladder.....	414-419
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NEWS AND MISCELLANY.....	420
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enucleation, careful irrigation, religious cleanliness and perfect drainage, is due the present advanced position of abdominal surgery. At first the surgery of the abdomen was confined mainly to the uterus and its appendages, but as successes were gained one viscous after another came within the operator's reach, until now, all of the viscera covered with that "sacred" membrane, the peritoneum, are subjected to the surgeon's knife for the relief of disease or repair of traumas. The liver, gall and urinary bladders, kidneys, spleen, pancreas, stomach and intestines, are all subject to surgical interference, and from a long array of heretofore fatal diseases and injuries, we confidently expect many favorable terminations. From such achievements in the abdominal cavity, soon was created the desire to enter and relieve from disease the other cavities, and it was but a short time until the cranial, thoracic, and pelvic cavities were being daily manipulated by the surgeon.

Abdominal surgery, without its present

<sup>1</sup> Read before the American Association of Obstetrics and Gynecologists, Cincinnati, September, 1889.

refinements, would have never gained such a victory, and would never have stimulated the surgeon to perfect the abdominal field or to seek new ones. In the early ovariotomies the mortality was great. McDowell lost 5 of his 13 cases; Wells 34 of his first too; Tait 19 out of 50; Atlee, Keith, Schröder, Bantock, Thornton, Martin, and others also, were comparatively unsuccessful at first. But as experience was gained and refinements in details and manipulations were introduced, the mortality lessened, and we have results comparing favorably at the present time with most of the capital operations. Of all the valuable lessons taught the general surgeon the first and most important is cleanliness; every preparation and all manipulations must be conscientiously clean. Unless the surgeon himself be clean; unless the proper care of instruments and sponges be taken; no surgeon, no matter how well he can cut and manipulate, will ever be successful in abdominal, or any other surgery. The leading abdominal surgeons have demonstrated conclusively that asepsis—I use the word in its broadest sense—can be practically attained, that it is best attained, not by the use of chemical agents, but by clean water and clean soap, and the faithful application of them to the surgeon, and to everything that comes in contact with the patient, and by the application of a high degree of heat to all instruments used in the operation. That cleanliness is godliness, is true in all surgical procedures; the man who wears a dirty shirt, who bathes but rarely, who lets the finger-nails grow long and serve as filth receptacles, who allows the instruments to rust, and the sponges to hold sand and septic matter, cannot be designated a surgeon; nor should he be allowed to practice surgery, for so surely as he touches a wound, just so surely will it be contaminated. Greig Smith, in his *Abdominal Surgery*, says: "I think there can be no doubt that the most important single contribution to abdominal surgery is the gospel of surgical cleanliness preached by Lister." Dr. William Goodell, in his article in the *American System of Gynecology* on "Ovariotomy," says: "Time alone can demonstrate satisfactorily the relative values of Listerism and perfect cleanliness without Listerism." With him cleanliness is sought for and Listerism is used to that end.

In the discussion of a paper read by Dr. Joseph Price, at a stated meeting of the

Philadelphia County Medical Society, on "A Consideration of Some of the Recent Work in Abdominal Surgery," the subject of cleanliness was brought prominently to the front. All were impressed with its absolute necessity, but some approved and others disapproved of the use of chemical agents. Dr. John B. Roberts said: "So that infection be excluded, it makes no difference whether we exclude sepsis by chemical agents, by heat, or by absolute cleanliness." "That the surgeon is bound to protect his patient by those means in which he has the greatest confidence against the risks of sepsis, and any operator who neglects this is guilty of a crime; and it is well to have that distinctly stated here, and in all medical societies, until the whole body of the profession realizes that it is a cardinal principle of surgery." Dr. J. M. Baldy said: "Personally I never use chemical agents in my surgery, and I have the best results. There are a number of other gentlemen in this city who follow the same practice. I will pick five or six such men and compare their results with those of any other six operators in Philadelphia, and if our results do not equal or better those of our opponents, I will concede the point."

In the little city I live in, Lexington, Ky., there were several gentlemen whose successes deserve mention and who were well known in Kentucky, and in one instance the reputation was national. Dr. B. W. Dudley was the most successful lithotomist of his day, and had, before the teachings of aseptic and antiseptic surgery, performed 207 lithotomies with only six deaths. Dr. Dudley knew nothing of bacteria or of Listerism, but he was clean in person and used clean water and soap unsparingly, and cleansed his instruments in boiling water. Dr. J. M. Bush was a local celebrity; he was a man noted for his personal neatness and always attempted cleanliness at an operation. Dr. W. O. Sweeny, now living, but a retired practitioner, has delivered more than four hundred women, and never had one of them to die. He was scrupulously clean in all manipulations, and used an abundance of water and soap, and washed carefully his hands and finger-nails. Mr. Tait, the greatest abdominal surgeon, and the father of most of the refinements of abdominal surgery, has attained wonderful results; the reduction of his mortality to 5.3 per cent. in his second thousand cases of abdominal operations, is due mainly to

Oct. 12, 1889.

## Communications.

395

his manipulative skill and faithful attention to details and cleanliness. Mr. Tait, however, disregards asepticism, for he uses "water fresh from the tap," which probably contains poisonous germs, and to follow this part of his procedure in general surgery would, I believe, be harmful. The peritoneum is rich in lymphatics and capillaries, and Mr. Tait increases their absorptive power by depleting them by the use of saline cathartics; so by the absorption of the nutritive medium from the abdominal cavity, the germs are eliminated, or die, and can produce no disturbance. Therefore, it is due to the anatomical peculiarity of the abdominal cavity and the rapid absorptive power of the vessels there distributed, that we can disregard the admission of germs to the cavity without injury to the patient; but to admit pathogenic germs, for instance, to the knee-joint, during an operation, would probably be followed by disastrous consequences.

Abdominal surgery has created a surgery of details; it has pointed out and emphasized the utter impossibility of a dirty and careless man ever becoming a successful surgeon; it has demonstrated that clean surgery can be done without the use of chemical agents, and that it is best to exclude all septic matter from a wound, rather than attempt its destruction in the wound. That the use of antiseptic solutions will do no harm in general surgery, I do not believe for a moment, provided such solutions are used simply as additional safeguards against septic infection, and not to the exclusion of other aseptic methods. It has been my observation that the general surgeon will usually wash his hands carelessly in either a carbolic or bichloride solution; he will pay little or no attention to his finger-nails; will dip his instruments in the antiseptic solution, and probably place them, after he has done so, in a poorly cleaned receptacle; the sponges will be fresh from the drug store and will contain quantities of sand; he will handle the patient, bed clothes, and probably different articles of furniture, after his hands have been cleansed for the operation; and, strange to say, he will feel, if he has succeeded in getting nice flaps or has coaptated the cut surfaces in a manner pleasing to the eye, that he has done his duty, and will probably apply his anathemas against antiseptic surgery when septicemia and pus make their appearance. This is not an exaggerated picture; it is a true and candid state-

ment of the facts, as they usually exist, especially away from medical centres. Abdominal surgery has told us in the most convincing manner, by its undreamed-of successes, that we must be clean and use clean appliances, and not feel safe in the attempt, always unsuccessful, to smother infection by chemical agents.

After cleanliness, the next procedure in importance is probably drainage. I heard one of our leading abdominal surgeons, a short time ago, state that if an operator would inform him as to how he used the drainage-tube in abdominal surgery, he would tell him, within an approximate degree, his mortality. This operator uses the drainage-tube more generally than is usually done, and as his experience has increased, so has the use of the drainage-tube become more frequent. Any fluid left in a recent wound is liable to undergo septic change, no matter whether it be serous or bloody, and no matter whether the fluid be in the abdominal cavity or confined between the flaps of an amputated leg. The abdominal surgeon has certainly impressed upon us, in a most convincing manner, the importance of this refinement; and allowing for the anatomical and functional differences between the abdominal cavity and the other regions of the body, the same rules and procedures will equally apply to drainage.

Dr. Joseph Price, in a paper read before this Association at its last meeting, on "Drainage in Abdominal Surgery," said: "I have thus briefly set forth my ideas of the use of the drainage-tube, which, epitomized, may be stated as a surgical procedure which, without danger, eliminates to a great extent the danger of abdominal surgery—infestation through the peritoneum. I believe the dangers referred to in connection with the tube are chiefly theoretical, and, for the most part, imaginary; and, when they are real, that they can be obviated and minimized to an extent which renders them of trivial importance compared with the risk that is run with the omission, or infrequent use of the tube in pelvic surgery." In my own abdominal operations I have several times dispensed with the drainage-tube, when I now feel convinced that it was needed and should have been used, and its omission was always followed by disastrous consequences.

Acting the part of the "sentinel" is another valued function of the drainage-tube, and that the information gained by it has enabled the surgeon to reopen a wound

and stop hemorrhage that otherwise would have terminated fatally, we positively know. In brain surgery the drainage-tube is essential, and that abdominal drainage has stimulated its use here I feel sure; and we often see a clogging or displacement of the tube followed by paralysis and septic disturbance, which, without prompt interference, will pass on to coma and death.

In general surgery we should always, when possible, drain with gravity; the more direct the outlet for the wound accumulation, the better result will we have a right to expect. In this Association considerable discussion followed the reading of Dr. Price's paper, already referred to, and that of Dr. Clinton Cushing, on "A Contribution to the Study of Pelvic Abscess," relative to drainage through the abdominal incision, or through the vagina, as suggested by Martin. Drainage through the abdominal incision, when properly done, is not against gravity, as usually implied, for the tube is merely an opening through which we can pass the long nozzle of a syringe to Douglas's pouch, and suck up the fluid as it gravitates there; and as fast as the fluid accumulates it must be drawn off—if necessary, every half hour. In other words, the drainage-tube, practically speaking, is not the drain, but an opening through which the most dependent part of the cavity can be reached with the nozzle, and the fluid drained off as fast as it accumulates. The drying effect of a drainage-tube is an element of importance in surgery, for, by keeping a cavity dry, the oozing hemorrhage, that will take place from a denuded surface when bathed in a warm fluid, will stop. Drainage in all surgery has been encouraged and perfected by the successful achievements of abdominal drainage, and the truism, to "drain when in doubt" in abdominal surgery should apply with equal force to all wounds. Great irrigation, with the minimum sponging, must be mentioned as a refinement that the general surgeon would do well to pay more attention to. The use of a large quantity of hot water will usually cleanse a wound, and will not irritate it; to cleanse by sponging will be hard to do, and then, if the wound be cleansed, it is apt to be irritated.

In a surgical procedure prolonged anesthesia will cause shock, and is sometimes the cause of death in a patient who might have recovered had the operation been done more rapidly. I know of nothing in surgery to

impress the operator more forcibly with this truth than an abdominal operation; and he who tarries in his work here, no matter for what cause it may be, must expect to have disasters from the effect of the long anesthesia.

The peritoneal "toilet" must be thorough; the importance of washing out coagulated blood and *débris*, and having the cavity clean, cannot be overestimated. That the same care of toilet should be taken in the removal of a tumor or the amputation of a limb should be insisted upon, and the surgeon who will be painstaking and thorough in this respect will be fully rewarded by the favorable results obtained.

Before closing this paper, I must speak of the surgical habits engendered by abdominal surgery. For it is absolutely necessary that the successful abdominal surgeon be a cool man; that he be a rapid operator; that he be one that has confidence in his power to overcome complications and meet emergencies; and, above all, that he should depend upon no one save himself, and be able to conduct the operation with but little assistance from others. How difficult it is to get satisfactory assistance in the towns and country most of us have had cause to realize; even for one abdominal surgeon to assist another is, as a rule, unsatisfactory, unless the two have before been in cases together and the one understands the manipulative procedure of the other. Mr. Tait, in his abdominal operations, literally does everything himself, and the assistant is practically a figure-head; the greatest service he renders is in being not officious in handling instruments or otherwise, and in not putting his fingers where they will do harm. To minimize this risk in surgery, an operator must have as few instruments as possible to satisfactorily do the operation, and he must have them always so arranged in trays that he can pick them out himself and not trust another, and he must have a bowl of water convenient, that the instrument, before being returned by him to its place in the tray, can be dipped into this bowl. The sponges will require the care of an assistant, either doctor or nurse; but, with this exception, it will be rare that an operation, either in the abdomen or elsewhere, cannot be completed by the operator alone. Of course, an anesthetizer will be needed. The great aid that my abdominal operations have been to me in general surgery is my apology for bringing this paper before the Fellows of this

Association, and, if not from the paper, I hope at least that from the discussion will come some expressions of opinion that will be of benefit to us all.

### MINERAL WATERS AND THEIR SUBSTITUTES.

BY JOHN AULDE, M. D.,  
PHILADELPHIA.

The great reputation which has attended the use of mineral waters abroad should not have the effect of discouraging our own countrymen in pointing out the advantages of our own springs, many of them equal to the best that can be found in European countries. The large number of valuable thermal springs which have been discovered in the western portion of the United States is sufficient in itself to start the patient observer upon a tour of investigation with a view to determine their respective merits. In a late issue of one of the leading English medical journals, a brief note appeared regarding the attention which the various local resorts of this character had been receiving, and the project was commended, owing to the fact that so few persons were able to avail themselves of the advantages offered by a Continental trip.

An important addition in the use of mineral waters consists in a systematic course of massage, and this matter has received more attention of late than had been previously given it. Undoubtedly, much of the benefit derived from the use of mineral waters at the springs results from the conjoined practice of massage or other suitable exercise, and we find in this country, that where this method is not available, a substitute is attempted in the shape of regular and systematic exercise by walking or in a gymnasium. This, however, cannot be strictly enforced in the absence of a competent physician who should take exclusive charge of the patient, but the number of springs in America with a patronage sufficient for the permanent employment of a physician is comparatively few. In England, and on the Continent, resorts of this character are numerous, and are so popular that a physician can be on hand at all seasons, and patients visiting them for the benefit of their health are duly placed in charge of the physician who is presumed to be compe-

tent to decide upon the wants of the system and the best manner in which good results may follow the treatment. So efficient have methods of this kind become that various asylums are now to be found along the northern shores of the Mediterranean where invalids and children are taken during the winter months, and with suitable medicinal treatment a large number of formidable diseases are said to be decidedly benefited.

Probably the time will come when we can take advantage of the climatic influences afforded by the different mountainous regions in many western States and Territories in the treatment of pulmonary and other affections, by sending our patients to such localities where they will have in addition the benefits to be derived from massage and the use of mineral waters. For the present, however, it will be necessary that physicians in general practice should take a more practical view of this matter by advising their patients to avail themselves of change of scene, with the accompanying change in hygienic, dietetic, and climatic conditions, before it is too late to be of service. Too often it is the case that patients are sent to these distant resorts when all other means have failed, and when they should be permitted to remain at home with their friends and relatives to die in peace. The idea of proposing a trip of a thousand miles to a bed-ridden invalid carries with it a shock to the nervous system that no scenery or far-famed mineral waters can ever be expected to overcome.

If the physician can anticipate the benefits to be gained from a trip abroad, a sea-voyage, or a temporary residence in a mountainous region, a few months, or a year may effect marvellous results, but such advice is attended with danger to the reputation of the physician, and it comes about in this manner. If the patient comes home but little benefited, he and his friends may be willing to say that the physician was right as to the diagnosis of the disease, but was wrong as to treatment, and that had the patient remained at home under proper treatment, his condition would probably have been better. Again, if the patient returns to his home and business in improved condition with every promise of continued robust health, the physician's advice is again liable to be questioned, and the friends will say there was no necessity for squandering time and money in the pursuit of an un-

specified something which was constantly in his possession.

The object of this paper, however, is a study of mineral waters, and their substitutes, rather than a disquisition upon the general advantages of health resorts with their accompanying mineral waters. It must be admitted that these waters possess medicinal value inherent in themselves, although there is no question about the greater benefit to be gained from residence at the springs, and the investigation will therefore be confined to a synopsis of the special therapeutic value of the different kinds of mineral waters and an inquiry as to how far artificially prepared waters may be expected to take their place for those who lack the time and financial ability to make these sojourns, which have of late become so popular.

A convenient sub-division of the different mineral waters will include nearly all of them in the following four groups: chalybeate, sulphurous, saline, and alkaline; although there are a large number of springs, principally thermal, which are not properly classed in either of the foregoing divisions. They derive their value for the most part from their temperature, but to some extent from their location, being generally situated in picturesque mountainous regions.

Chalybeate waters are known to possess remarkable powers in improving the condition of the blood, although it is believed by many that other constituents besides the iron contribute to this result. A factor to be taken into consideration in connection with the use of nearly all mineral waters is the presence of carbonic-acid gas, upon which Ebstein has laid so much stress. Whether we accept his views or not, there are good reasons for believing that this gas possesses valuable properties incidentally, if it is not directly active as a therapeutic agent. Ebstein is credited with the notion that glycogen and diastatic ferments are to be found in the circulating fluid, and that when these substances are sufficient in quantity the one acts upon the other, producing sugar; in the presence of carbonic acid these changes cannot take place, and thus diabetes either temporary or permanent is prevented. Ordinarily iron is taken into the system along with food, but the quantity when compared with the medicinal dose of the drug is comparatively small. So it is with the use of chalybeate waters; only a small quantity is added to the amount normally ingested, even when iron waters are taken in

considerable quantity. No one should want for a simple chalybeate water when it can be prepared by adding to ordinary spring water a few old nails and a small quantity of some suitable acid. Possibly chalybeate waters contain other ingredients which make the combination more valuable than such as has been suggested, and besides, no instructions have been given concerning the precautions required to prevent the development of microbes, but modern asepsis will take that matter into account.

Although the amount of iron actually found in the blood is very small, yet its exhibition in comparatively large doses is often attended by the best results, but this fact should not lead us to assume that it is wholly innocuous, as when these large doses are too long continued, the equilibrium of the nervous system is affected. True, iron poisoning is not of such frequent occurrence as lead poisoning, or arsenical poisoning, but evidences of its bad effects are not wanting in many cases which come under observation. Whatever may be the peculiarity of chalybeate waters which contributes toward the improvement of the general system, we should accord to them a prominent place in therapeutics, because of the good results which follow their judicious application, and further owing to the comparatively small amount of the metal taken into the system; and waters of this character are so numerous in this and other countries that it seems a work of supererogation to attempt to supply substitutes. Not infrequently these waters contain other valuable ingredients which add materially to their availability in special cases, but of that the physician will be the best judge. In this connection it would not be out of place to mention as an illustration the Rockbridge Alum Springs of Virginia, which contain in addition to the iron, a considerable quantity of alum, and for this reason they have been recommended, and have been used with most gratifying success in the treatment of catarrhal affections of the alimentary tract—an incident which leads to an observation regarding the astringent action of iron itself. A depressed condition of the general system from long-continued derangement of the primary assimilation will respond promptly to the use of a drug which has for its object the reduction of an unhealthy secretion from all mucous surfaces, and this knowledge has been taken advantage of in such instances, and iron has been found of especial benefit as

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Oct. 12, 1889.

*Communications.*

399

prophylactic agent against intestinal parasites.

Sulphurous waters are valuable owing to the hydrogen sulphide they contain and the accompanying carbonic acid, but the efficiency of sulphur as a remedy has long been recognized. Of late years the most active supporter of this method of treatment has been Dr. Garrod, of England, who has contributed some extremely practical articles upon this subject. His method of treatment is quite a wide range of maladies is confined to the administration of a small lozenge containing five grains of milk of sulphur and one grain of cream of tartar at bed-hour, and judging from his reports, the results are eminently successful. This digression could not well be avoided from the fact that it shows conclusively that sulphur in comparatively small doses can be made available for the treatment of diseases which are to all appearances decidedly formidable. The amount of hydrogen sulphide contained in mineral waters is so small that few who have not had opportunities of studying the effect would scarcely be willing to give due credit for the marked changes which follow their use.

In this country numerous waters containing sulphuretted hydrogen are to be found, amongst which may be mentioned Crab Orchard Springs of Kentucky, the Avon and Sharon Springs of New York, and quite a number of sulphur springs in Virginia. In England, probably the most popular of this class are to be found at Harrogate, but on the Continent they are numerous and have attained great reputation, doubtless owing largely to the diligent attention they have received from their owners. Substitutes for these waters are prepared with some difficulty on account of the inability of manufacturers to measure and control the gas during manipulation. An attempt was made some years ago to place upon the market the salt obtained by evaporation from the Crab Orchard Springs, but it was found after a time that this product was much less active than the water after transportation, and consequently the venture proved unprofitable and was abandoned. With a view, however, to increase its portability, a concentration has been offered which furnishes a very satisfactory substitute, but of course the effects from the use of this concentration are not equal to that of the natural waters. With the use of this product, I have met with very good results, when used for a short time, the

greatest objection being the repugnance to its peculiar odor, which patients manifest as soon as they begin to recover from the maladies it was intended to subdue. At the springs, this objection is not so likely to obtain because of the enthusiasm with which patients go about it, and probably in addition, because of the good results which are apparent.

At some of these springs, arrangements have been made by which the water is reduced to a fine spray, and good results have been reported from the inhalation of the gas thus freed, in cases of pulmonary troubles. At the Sharon Springs in New York, this method has been attended with most gratifying success, but abroad for many years the plan has been in successful operation. The large number of diseases for which sulphur is indicated would naturally bespeak for this water a favorable reception; malaria, diseases of the liver with the accompanying skin diseases, lead-poisoning, syphilis and other disorders, are all especially amenable to the use of sulphur.

Substitutes can be had, and will be found efficient for those who cannot take advantage of a visit to the springs, but it is needless to say that practitioners as a rule do not give attention to such matters as they do to the exhibition of the usual drugs of the *materia medica*. This criticism appears to be warranted if we judge from the testimonials accompanying the advertisements issued, as amongst them may be found endorsements of gentlemen who stand high in the profession. It is but reasonable therefore to assume that many of those in general practice have but a limited idea of the advantages of mineral waters until the subject is brought out in the course of consultations. Popular prejudices and sympathies should not influence the scientific physician, but there is no valid reason why he should not take account of these surface indications when he has to deal with diseased conditions, so that when it becomes advisable for a patient to take an outing, he should have the best advice. It is impossible to prevent patients from hearing of remarkable cures which have followed a sojourn at some watering place, and we would not prevent it if we could, but when there is a possibility that one of our patients may be able to secure advantages of this kind, it would be very unfortunate that he should hie himself to some far away spring that could be expected to afford him but little benefit.

Alkaline and saline waters furnish the best opportunities for substitution from a chemical standpoint, and yet it does not seem, with the large number of springs of this class, that such methods would be necessary. The demand arises in various ways, and from different causes. The special cases in which they are recommended are practically isolated; when they cannot be procured from the local druggist direct without a special order, the first cost is so much more than a bottle of medicine that the physician often hesitates about ordering a remedy which will scarcely be appreciated. There are so many brands that the druggist does not feel justified in keeping a stock on hand, and the result is, that even where they would afford decided benefit, the difficulties attending their purchase are often unduly magnified. Another question entering into this subject is that of purity; not particularly the purity of the product as regards the particular spring from which it was obtained, but the possible deterioration which has taken place during the time the water has remained in the bottles, and the possibility of micro-organisms having found their way into the receptacles previous to the bottling process. It is but a short time since that this matter has been brought to the attention of the profession, and it has been suggested that possibly microbes may be a useful accompaniment. The claim is even advanced that some of the more popular mineral waters are dependent for their activity upon the presence of microbes. While it is unnecessary to comment at length upon this point, it may be mentioned that the vitality of the original organisms is liable to be exhausted, but we are not so sure that others do not spring up to take their place. This is certainly one of the most serious objections to the use of mineral waters at points distant from the fountain-head, but it can be met and overcome by the use of artificially prepared waters such as we find in both the alkaline and saline group.

In looking up this matter lately, and studying how these difficulties might be overcome, my attention was attracted by the advertisements of various manufacturing chemists, who offer a number of these salts in the form of a granular effervescing powder. A teaspoonful of the powder can be readily dissolved in a goblet of water, and drunk while effervescing. Thus we obtain the combined effects of the mineral constituents

as well as the carbonic-acid gas, and the use of substitutes for the waters is reduced to an exceedingly simple procedure. This method, however, has its disadvantages, owing to the fact that it is impossible to produce in the laboratory in this form the different salts in quality which shall correspond with the actual constituents of the original waters. The object can better be accomplished by omitting the process of granulation, when the solution of the proper strength must be charged at the soda fountain with carbonic-acid gas, and we are thus furnished with an apparently perfect substitute for the various mineral waters. A certain amount of the salt is required for the manufacture of a definite quantity of the water, when this solution is charged in the usual manner. The druggist is then prepared to supply the consumer at any time with a chemically prepared substitute for any of the more popular mineral waters. In case the patient is unable to visit the store, it will only be necessary to supply him with the water in a syphon, which will bear from 60 to 80 pounds pressure, when it can be taken by the patient at his home in accordance with the directions of the physician.

While upon this topic it may be worth while to mention some of the more conspicuous indications for the exhibition of alkaline and saline waters, and it should be added that in this country there are a number of very valuable springs which afford decided benefit in the class of cases for which they are especially indicated. It is a satisfaction, therefore, to know that we can make a choice between the waters of the foreign springs at the wells, or bottled, the imitations of them which have been made to conform with the published analyses, and waters of a like character to be found in the United States. An opportunity is thus given for studying the action of any prospective water before sending the patient to a distant region, by which we are enabled to some extent at least to anticipate the good which will attend upon a sojourn at the springs.

The special indication for the use of alkaline waters may be said to be in the treatment of lithiasis and allied affections, including, of course, those derangements of the alimentary canal which co-exist with the acid diathesis. Amongst the foreign alkaline waters Vichy is probably the most popular, but we have in this section of the country

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Oct. 12, 1889.

*Communications.*

401

the Farmville and the Buffalo lithia springs, both of which can be conveniently reached by rail, or the waters can be brought to the residence by rapid methods of transportation. The Bethesda Spring of Wisconsin has attained wide celebrity, and is very popular throughout the West.

A note should be made here concerning the supposed influence of these alkaline waters upon the blood, which, if true, might be useful to remember in connection with the treatment of phthisis and other wasting diseases. I refer to the fact that increased alkalinity of the blood has a tendency to improve its oxygen-carrying power—a circumstance which was pointed out many years ago by no less a personage than M. Cheverel, the centenarian; while later the idea has been advanced that the alkaline treatment might be valuable in itself. In some forms of disease Mialhe has strongly advocated the use of sodium bicarbonate alone, and Sternberg's method of treating yellow fever practically resolves itself into the alkaline treatment. Alkaline waters also possess in many instances certain saline constituents owing to the presence of sodium chloride, but frequently the effect of taking simple alkaline waters amounts to the same thing as the use of salines, as the carbonates contained in the alkalines are changed when they enter the economy into the chlorides.

Memminger has lately recommended the generous use of salines in the form of sodium chloride for the relief of Bright's disease, but his views have not yet been confirmed by other observers. The stimulating effects of ordinary sea-water baths are well known, and in our own State, the great repute of the saline waters of Bedford has for years attracted a large number of health seekers to that mountain resort. California also has its saline waters, while Las Vegas, New Mexico, with an altitude of over 12,000 feet, has its salt well containing a large percentage of sodium chloride. The saline waters of Saratoga have been instrumental in building up and maintaining the reputation of that delightful region, while to those suffering from rheumatic affections and kindred disorders, the wells of St. Catharine's, Ontario, Canada, may be set down as the Canadian Mecca.

Having thus briefly sketched some of the indications for the use of mineral waters as well as the most promising substitutes, and hinted at certain measures which may be adopted, like massage, and climatic changes,

it will be sufficient in conclusion to say that this subject is growing in importance, and without attention on the part of the physician, his patients will shortly be better posted regarding the different resorts than he himself. The diligent attention which is given to advertising by the proprietors and by railway lines may result in carrying our patients to sections of country and to waters that will prove less beneficial than others which would have been selected, because of the seductive character of the advertisements.

4719 Frankford Avenue.

**OVARIOTOMY: A CASE, WITH EXTENSIVE ADHESIONS.**

BY J. MCFADDEN GASTON, M. D.,  
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COLLEGE,  
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A white woman, fifty-nine years old, who had been a widow for many years, with a son thirty years of age, suffered during several years with a tumor on the left side which gradually filled the entire abdomen. The case was treated by several would-be specialists as dropsy, without effect, and, coming under the observation of Dr. G. G. Roy, was diagnosticated as an ovarian cyst, in which diagnosis, upon examination, I concurred.

An operation was undertaken on July 27, 1889, with the co-operation of Drs. G. G. and C. D. Roy and Dr. J. G. Earnest. After thorough cleansing, an incision one inch long was made in the linea alba, midway between the umbilicus and pubes, but finding close attachment of the tumor with the parietes, an attempt was made to dissect the adhesion, by cautiously picking up the tissues with the forceps. An opening being thus made unintentionally into the sac, the large trocar was introduced with the tube tied so as to prevent the escape of the contents, which presented a grayish dark appearance. The incision was then carried through the parietes up to the umbilicus and downward near the pubes, discovering with much difficulty a point at which the finger could be introduced for the separation of the peritoneal coats of the sac and the abdominal wall. The adhesions throughout the anterior and lateral outline of the tumor were so dense as to require considerable force for their sepa-

ration, and a general oozing of the capillaries upon the parietal surface ceased after repeated sponging with a hot carbolized solution.

The tube connected with the trocar being opened, and a large portion of the contents of the cyst being evacuated, the sac was drawn through the incision and freely opened for a speedy discharge of the fluid. An indurated mass, with a number of small gelatinous cysts, remained after the contents of the immense sac escaped, and the pedicle of the tumor involved the left broad ligament along with the degenerated ovary. A large curved needle, armed with No. 14 iron-dyed silk, was carried through the pedicle, and the thread being cut, was tied on each side and then carried around the entire mass, so as to constrict the whole pedicle. The tumor was then cut away three-quarters of an inch outside of the ligature, the ends of which were held outside the incision, while fresh carbolic acid was passed over the tissues of the incised pedicle and the threads were then divided near the knot. After sponging out the abdominal cavity, hot water, with a one per cent. solution of carbolic acid in alcohol, was poured into it, and after manipulating the walls of the abdomen the patient was turned upon her side for its escape, while the hands prevented the escape of the intestines. In the meantime it was discovered that blood in considerable quantity was escaping from the vicinity of the pedicle and a vessel was tied by transfixing the tissues near it, which arrested the hemorrhage completely. It appeared as if a portion of the tissue of the pedicle might have escaped from the ligature, or that a laceration of the tissues had occurred from the traction while applying the ligature upon the pedicle, and yet at the time of cutting off the ends of the thread there was no bleeding.

I assisted my colleague Dr. Earnest two years ago in an ovariotomy which presented identical conditions, with the exception that in his case the blood was venous, while in this instance it was arterial. The readers of the *REPORTER* will also recollect my report of a laparotomy with ablation of the womb, while in Brazil, in which the cervix was ligated in three divisions by transfixion, with an investing ligature around all, and yet hemorrhage ensued, after the dressings were completed. It has seemed therefore a proper occasion to draw attention to the importance of noting well the condition of

the stump or pedicle in these operations before closing the abdomen, as in neither instance did hemorrhage appear immediately after the excision. I am aware that much is claimed for the Staffordshire knot; but it strikes me that more depends upon the proper tension in the ligation, so as not to be so slack as to admit of the flow of blood after shrinkage, nor so tight as to sever the structures included. Transfixion is an effectual security against the slipping of the ligature over the end of the pedicle, if it is cut half an inch from the ligature. In the case which forms the subject of this paper the sanguineous collection was removed with sponges, the small intestines and the omentum were replaced and the peritoneal toilet was completed. The incision was closed with twenty interrupted sutures of iron-dyed silk passing through the parieties and the peritoneum, without any drainage. Iodoform was dusted over the line of union and this covered by iodoform gauze, outside of which was placed a thick fold of absorbent cotton, covering the entire surface of the abdomen. A broad roller of flannel around the body was secured with safety pins, affording firm support to the viscera from which the pressure of the immense tumor had been taken away by the operation.

It is not out of place here to urge upon the attention of operators the necessity of such a compress after the removal of large abdominal tumors, and thus preventing the undue enlargement of the blood-vessels supplying the viscera, which might lead to the development of inflammation.

The A. C. E. mixture was the anæsthetic employed, and the satisfactory result in this as in many other protracted operations commends it to the confidence of surgeons. After its effects passed off a hypodermic of one-quarter of a grain of morphine with  $\frac{1}{16}$  of a grain of atropine was administered. The patient rallied without nausea or vomiting, and passed the night quietly. It may be noted that there was no failing of the vital powers during the operation nor indication of shock subsequent to it. There was only a slight febrile reaction on the third day, the temperature reaching  $101^{\circ}$  and the pulse 110 beats, and this passed off under the influence of a tablespoonful of castor-oil with a teaspoonful of turpentine. Some tympanitic distension with tenderness of the abdomen disappeared also, and there were no further symptoms threatening peritonitis, much to the satisfaction of all con-

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Oct. 12, 1889.

## Communications.

403

cerned. As the bowels were disposed to be torpid, a dose of castor-oil and turpentine was taken every two or three days; and I would remind my colleagues of the virtues of this combination, which in these latter days have been set aside by the new fangled hobbies of visionary theorists.

On August 2, every alternate stitch was removed from the incision, and on August 5, the remaining ten stitches were cut away without any sign of suppuration even along the track of the stitches. The entire line of the incision seemed to be united by first intention and there were no indications of an inflammatory nature upon palpation over the abdomen. The line of union was kept dressed as in the outset with iodoform, iodoform gauze and absorbent cotton, secured with the flannel roller.

To my surprise on August 6, there was some exudation from the lower extremity of the wound, and this extended upwards subsequently until the edges of the entire incision presented a line of suppuration to a very limited degree and evidently confined to the cutaneous tissues. Upon drawing the edges apart the subjacent structures were found united firmly, and doubtless the borders of the peritoneum had been agglutinated by adhesive inflammation.

Adhesive plaster was applied to keep the margins of the skin in apposition for a few days, but were soon dispensed with, as there was no disposition to separate, with the routine dressing of iodoform, gauze, cotton, and flannel rollers. Gradually the suppuration diminished, and union progressed from above along the line of the incision until all was completely closed, but the compress was retained. It was requisite to draw off the urine with a catheter during the first two days, and her fecal evacuations during this period were in a bed-pan, as the woman was not allowed to get up. But after this date she sat up and had no further trouble with her discharges of urine or feces, while her appetite declined.

At this period there was a phase of the case which calls for special notice by all practitioners. The patient had abandoned her pipe from the time of the operation without intimating to her attendants anything connected with the habit of smoking. When her appetite lessened notwithstanding the use of tonics and her mind was verging upon imbecility, so that her family and friends were apprehensive in regard to her safety, Dr. G. G. Roy ascertained that she

had been accustomed to smoke and advised that this habit should be resumed. The use of the pipe acted like magic and she was soon again on the highway to restoration. On September 1, the patient was dressed and out of bed, going to her meals since with the family and enjoying her full share of the table comforts. On September 12, her removal in a carriage, some squares' distance, was not attended with any inconvenience to the patient, and she was found sitting out upon the piazza without any signs of fatigue. On September 17 there was no local or general trouble, and the patient was dismissed from medical care.

It is frequently uncertain, even after careful examination, whether the fluctuating abdominal distension in a case of this sort depends upon the collection of fluid in a cyst or in the peritoneal cavity. To confirm the diagnosis the opening through the parietes may be small, as in this case, and should the case prove to be one of ascites, the fluid is evacuated and the small incision gives no trouble. On penetrating the sac, had the extensive and intimate adhesions of the surfaces been known I might have been tempted to drain off the contents of the sac and close the smaller opening. But the favorable result demonstrated the propriety of completing the extirpation of the tumor. A former fatal result of drainage sufficed to deter me from it.

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#### THE USE OF CARBONATE OF AMMONIA.

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BY JOHN M. CURRIER, M. D.,  
NEWPORT, VT.

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In the *REPORTER*, Aug. 24, 1889, I notice a quotation in which carbonate of ammonia is said to have been used with great success as an emetic. I have used the carbonate of ammonia in delirium tremens and drunkenness for over twenty-five years; not particularly as an emetic, but as a stimulant in cases characterized by feeble pulse, pallor, extreme nervousness, and sometimes delirium. I usually combine five or ten grains of carbonate of ammonia with two grains of powdered camphor, one grain of ipecac, and one-quarter grain of opium. This dose I repeat in from two to four hours. The quantity of carbonate of ammonia I vary somewhat in proportion to the depression. This combination seems to stimulate the heart

pulsations, and to relieve the gastro-intestinal congestion. I rely upon the ammonia as the main ingredient, regarding the others as adjuvants, sometimes giving the former alone. In cases of gastric catarrh in children, accompanied with vomiting, I have given carbonate of ammonia alone, with the effect of checking the nausea, and a speedy return of a clean tongue, and a demand for food.

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## PERISCOPE.

### Leprosy in Turkey.

At the meeting of the Academy of Medicine of Paris, August 13, 1889, M. Zamboaco communicated the results of his investigations of leprosy in Turkey and in the different provinces of the Ottoman Empire. He declares that he has demonstrated but a single case of true contagion. In the numerous mixed marriages, which he has seen everywhere, the disease was never transmitted from the leprous party in the marriage to the other. Nearly always a single member of the family remains leprous, though his life in the midst of his family has been often very long, and no special precaution has been taken against the transmission of the disease. In general, the localities in which leprosy ravages are inhabited by classes living in the greatest misery and in the most sordid filth, feeding on putrefied food, intemperate in the use of alcoholic drinks and exhausted by hard work. Temperature and humidity also play an important part in the development of leprosy in the countries in which it is endemic. The variations of temperature act upon the capillary circulation of the skin, which they chill and heat again at intervals; while moisture depresses the nervous system. On the other hand, it seems that leprosy is contagious in certain countries but not in others. To sum up, the author says that if leprosy be contagious it is so only in an altogether exceptional way—at least in the localities in which he has pursued his investigations.—*Gazette Hebdomadaire*, August 16, 1889.

### Fecal Tumors in Obstetric Practice.

Dr. Letenneur, in a Paris thesis, has made a study of fecal tumors occurring in obstetric practice *á propos* of a very curious observation. In a woman pregnant at term a tumor

of hard consistency was demonstrated. It occupied the left half of the abdomen and the pelvis. It pushed out of the pelvis the gravid uterus, which projected into the right half of the abdominal cavity, and applied the walls of the vagina against each other. It was thought that there was a fibroma or a malformation of the pelvis; and as labor had then lasted forty-eight hours, the Cæsarean operation was thought of. But Letenneur recognized that he had to deal with a considerable accumulation of feces in the large intestine, which was excessively dilated, the accumulation occurring in a woman who had had a congenital atresia of the rectum, which had been operated on at birth but still presented a valvular contraction at the union of the anus with the rectum.

The large bowel was emptied of fecal matter by the introduction of the hand into the rectum. Delivery terminated at once. Letenneur states that fecal tumors are often caused by a congenital malformation of the anus and rectum. At times they interfere with pregnancy, but at times it continues its course. At the moment of delivery they can stop labor. Treatment consists, of course, in emptying the bowel.—*Gazette Médicale de Paris*, August 17, 1889.

### Repair of Tendons.

In a lecture, published in the *Bulletin Médical*, Sept. 4, 1889, Professor Poncet relates the case of a young woman, 22 years old, who came to him for almost complete loss of the power to flex the middle finger of the right hand, dating from a cut received in rinsing a bottle six months before. Immediately after the accident the finger was roughly straightened, and since then could not be flexed. When Prof. Poncet saw the patient, there was a barely visible scar immediately below the corresponding digitopalmar fold; the scar was small and white. The middle finger, which was in complete extension, had no movement except those given it by the interossei; the phalanges had absolutely no movement of flexion. The diagnosis was complete section of the deep and superficial flexors of the right middle finger. Starting a little higher than the cicatrix, Poncet cut down, and came upon a grayish, fibrous, cylindrical cord, smaller than the ulnar nerve. It was not adherent to the skin, but was adherent to the neigh-

Oct. 12, 1889.

boring tissues, especially posteriorly. The skin incision was prolonged downward, and especially upward. This brought him to the neighborhood of the palmar arch. Here the cord referred to was swollen, club-like, and continuous directly with the flexor tendon, which was easily recognizable by its different characters. On the finger side the same cord was continuous with the inferior end of the superficial flexor, a little below the digitopalmar fold, thus establishing a perfect continuity between the two ends of the divided tendon.

Prof. Poncet proceeded to free the tendon of the new formation and of its adhesions. When this was accomplished it was found that traction upon it flexed the first phalanx and to a slight degree the third. The two ends of the deep flexors were discovered behind the superficial flexors, and were glued to the extremities of this last tendon. The section of the two flexors had, therefore, been complete. The lips of the cutaneous incision were united with a few catgut sutures, and the hand—the middle finger being semi-flexed—was immobilized in an antiseptic dressing. Five days afterward the patient could move the two last phalanges, union by first intention was complete, and solid adhesions had not had time to form between the inter-tendinous scar tissue and neighboring tissues. At the time of the lecture, ten days after the operation, movements were more extended, and no doubt was entertained as to the recovery of the function of the tendon.

#### New Investigations Upon Rabies.

Di Veste and Zagari, in the *Fortschritte der Medicin*, 1889, P. 241, refer to their earlier works upon rabies, and mention critically the newer works upon the subject by Bardach, Roux, Hogyes, Ferré, Helmann, Roux and Nocard, Babes, and Csianturco; they then go over their own new experiments. They inoculated rabbits in the paracyma of the nerves with the virus, and obtained in this way just as certain results as in trephining. In dogs they obtained 13 positive results in a total of 23 experiments. Some of the dogs which survived showed, a certain time after the infection, beginning symptoms of the disease: deficient appetite, a condition of great excitability, spastic contracture of the inoculated limb, and great sensitiveness on irritation of the wound; these symptoms disappeared after a few days.

One of the dogs was repeatedly inoculated, but was completely refractory. Intravenous inoculation in guinea-pigs had likewise no constant effect. The authors believe that the technique is in part to blame for this, as inoculation of the small nerves of guinea-pigs is extraordinarily difficult to carry out; for, when the poison is injected only under the sheath of the nerve and is not brought in direct contact with the injured nerve substance, no positive result follows. It is probable, as Bardach suggests, that in such cases the virus is taken up by the lymph vessels and destroyed by phagocytes.

In order to meet the objection that in the inoculation of large nerve trunks—vagus, sciatic, median—other more favorable conditions are given than in the finest peripheral nerve twigs, the authors tried the following procedure: After removing the skin and localizing the finest nerve fibres, a small wound was made, a little nerve branch laid bare, divided, and a drop of the virus instilled upon the cut surface. The wound was then sewed or closed with collodion. In this manner just as certain results were obtained as by the inoculation of the virus into the large nerve trunks, even in guinea-pigs. If the nerve twig was only laid bare and brought in contact with the virus without being severed, then the animals usually survived, or sickened much later. If the animal whose nerve was divided was killed in the beginning of the symptoms of paralysis, then only that end of the spinal cord which was in immediate relation with the point of inoculation, was virulent. In pronounced paralysis, however, the medulla oblongata and the lumbar cord were virulent; though the virus was more concentrated in that section of the cord which was near the point of inoculation.—*Centralblatt für die med. Wissenschaften*, July 27, 1889.

#### Relapse in Sarcomas of the Limbs.

Dr. Patron, in a Paris thesis, gives 132 observations on sarcomas of the limbs, and shows the happy influence of surgical interference. The number of recoveries obtained by operation is nearly double that of the relapses. These are, however, the more to be feared the younger the patient and the more rapid the development of the sarcoma. It does not make the prognosis of the affection much worse. The average duration of the recovery is sufficient to justify surgical inter-

vention even in sarcomas that have relapsed. The choice of operation has not as much influence upon the result as the age and the development of the sarcoma. — *Gazette Médicale de Paris*, August 17, 1889.

### The Physician's Rights in Fixing a Fee.

Judge Brady, of the New York City Supreme Court, has decided, in an action by a surgeon for professional services that the plaintiff has a right to show that his standing in the profession is high as bearing upon the question of the measure of his compensation. The judge further said: "There is also evidence tending to establish a custom or rule of guidance as to charges of physicians for services rendered, and which makes the amount dependent upon the means of the patient—his financial ability or condition. This is a benevolent practice, which does not affect the abstract question of value, nor impose any legal obligation to adopt it, and cannot be said to be universal. Indeed, there does not seem to be any standard by which, in the application of the rule, the amount to be paid can be ascertained. Each case is under the special disposition of the surgeon or physician attending, and he is to decide as to the reduction to be made on account of the circumstances of his patient; and therefore, when the amount is in dispute, it follows that it is to be determined by proofs to be given on either side. The measure of compensation must be controlled more or less by ability in all the professions, and the service rendered by its responsibilities and success." — *Druggists' Circular*, July, 1889.

### Gynecology in General Practice.

At the meeting of the Staffordshire Branch of the British Medical Association, May 30, Dr. Lycett read a paper on Gynecology in General Practice, advocating reform in the character of the teaching of gynecology at the English schools, which compares unfavorably with that of the Scotch and Irish. Owing to the modern successful treatment by surgery of so many abdominal diseases, the responsibility of the general practitioner, he said, has much increased. It is imperative that he should early be able to recognize the cases which should be submitted to abdominal section. Every practitioner ought

to be acquainted with the details of opening the abdomen, and to be provided with the essentials for such an operation. If Porro's operation were to supersede craniotomy, the general practitioner should be so instructed as to render the maternal mortality no greater than it is at present when the life of the child has to be sacrificed. He gave illustrations of the difficulty which might attend making a diagnosis. Sometimes the resources are inadequate, or the practitioner is prevented from making a satisfactory examination. His isolation is a disadvantage, especially when an anæsthetic is necessary, as this ought never to be given in private practice without the presence of another practitioner. The wide range of professional knowledge expected from the all-round practitioner necessarily places him at a disadvantage, as the mind of man, though capacious, cannot embrace the present collective information made known by individual work.

### The Use of Alcohol in Disease.

In the *Forum*, July, 1889, Dr. Austin Flint says that the question of the administration of alcohol in fever is one that cannot be avoided. In his judgment, this question should be discussed from a scientific standpoint only. In the face of the difficulty which exists in supplying matter for oxidation in the body to feed the exaggerated calorific processes, the use of any agent which will meet this want cannot logically be condemned on sentimental grounds alone. Even if alcohol be regarded as a poison, it must be remembered that poisons are often useful in medicine, and save life. From a purely scientific point of view, it may be admitted that, in perfect health, alcohol is not useful and is deleterious. As physicians study the poisonous action of certain remedies in learning how to use them with happy effect, so what may be called the physiological effect of alcohol may be studied as a preparation for its use in disease. In certain diseases, particularly in fever, it is well known that very large quantities are tolerated, and this is because the alcohol is promptly oxidized and makes no impression, as alcohol, on the nervous system. In disease, as well as in health, even a slight development of alcoholic intoxication is followed by a reaction which is more or less injurious. Alcohol is by no means to be used indiscriminately in fevers. It is indicated

Oct. 12, 1889.

*Periscope.*

407

only when there is a persistence of very high temperature, with great feebleness, rapid pulse, etc., showing intense and alarming general depression. Its value depends, not upon its stimulating effects upon the nervous system, but upon its rapid oxidation. It is promptly taken up by the blood, requires no preparation by digestion, and is oxidized even more readily in fever than in health. In so far as it is oxidized, it supplies material for combustion and saves the tissues from degeneration and destruction. There is a theory that the carbohydrates of food (starches and sugars) are deposited in the liver, discharged into the blood as required, in the form of a substance called glycogen, which is converted into alcohol, and then oxidized. There are many strong facts and arguments in favor of this view; and if it be true, the administration of alcohol in fever is simply the introduction of a carbohydrate in such a form that it can be promptly used in supplying material for heat, the digestion of other carbohydrates being difficult and slow. A calculation of the heat-value of alcohol shows that one quart of French brandy when oxidized produces as many heat-units as a man of ordinary size would make in twenty-four hours. As a matter of actual observation, a quart or even more of brandy has been given in cases of fever in twenty-four hours, without any indications of alcoholic intoxication, and with the effect of actually reducing the temperature. The popular interest in the question of alcohol seems to render it desirable that the position of physicians who use this agent in disease should be clearly defined. Taking fever as an example, physicians give alcohol simply as a readily oxidizable carbohydrate, and not for what is commonly known as an alcoholic stimulant effect. Although in certain cases it may be given very largely, it is stopped or the dose is diminished whenever the slightest indication of alcoholic intoxication is apparent. It would be difficult to find an instance of the alcoholic habit directly referable to the use of alcohol in fever; and indeed, as far as habit is concerned, it would be much more logical to condemn opium than alcohol. No physician would be willing to eliminate opium from his *materia medica*. Those who refuse to administer alcohol under any circumstances deprive themselves of an agent that is often most potent for good, and must occasionally sacrifice life to what the majority of intelligent physicians regard as a prejudice.

**Mixture for Waxy Concretions in the Ear.**

The following formula is suggested in *La Clinique* with the view of facilitating the removal of accumulations of wax in the external auditory meatus:

R. Acidi borici . . . . .	gr. iv
Glycerini . . . . .	iiijss
Aqua dest . . . . .	iiijss

This should be warmed and instilled into the ear, leaving it there for a quarter of an hour, and repeating the process for a day or two. The result is to soften the plugs and make their removal comparatively easy by means of the syringe.—*London Medical Recorder*, June 20, 1889.

**Non-Poisonous White Lead.**

The report comes from England that a chemist of that country has brought into notice a non-poisonous white lead paint, but his paint is not the carbonate but sulphate of lead. That this form of lead will be less poisonous than the form in which it has hitherto been used is highly probable. It yet remains to be seen, however, whether it can be considered non-poisonous and whether workers in it will be free entirely from the danger of chronic lead poisoning.—*New Idea*, June, 1889.

**A Novel Question as to Anæsthetics.**

A curious point, which has some practical interest for medical men, has recently been decided by a French law court. A workman, who, in passing the Church of St. Eustache, had been injured by a stone which fell from the building, brought an action for damages against the City of Paris and the church authorities. He alleged that the accident had caused paralysis of his right arm, consecutive to fracture of the clavicle. Three doctors were ordered by the Court to examine him. In order to exclude the possibility of malingering, these gentlemen proposed to conduct their examination under chloroform. The man refused to submit to this, and pleaded that he should not be compelled to undergo a proceeding which might possibly cause his death. His counsel argued that though it might be legal to anaesthetize against his will a person accused of a criminal offence, it would be unjust to apply the same rule to a man seek-

ing compensation for an injury he had suffered. The Court decided that whilst the medical men had the right to make whatever examination they considered necessary in the interests of justice, the plaintiff could not be compelled to submit to a test which, rightly or wrongly, he believed to be dangerous to his life or health.—*London Medical Recorder*, June, 1889.

### Nursing in Private Families.

In the *Trained Nurse*, July, 1889, the following regulations of an English training school are recommended to the attention of superintendents and all who may engage nurses :

1. All payments for the services of a nurse must be made direct to the institution, and not through the nurse.
2. No one may retain a nurse continuously for more than two months without special leave from the superintendent; and, if leave be granted, an extra payment of \$2.62 per week for the additional term will be required, and such extra term shall not exceed two months.
3. No nurse may be transferred by one employer to another. The superintendent has, however, authority to withdraw or change nurses at any time, when it is thought expedient to do so.
4. The nurse must, when required, keep the patient's room and her own clean and tidy.
5. Patients and their friends are requested not to offer money to nurses out of gratitude.
6. Twenty-four hours notice must be given to the superintendent of the return of any nurse.
7. The nurse should be allowed to attend church at least once every Sunday, should the state of the patient allow it.
8. The nurse should always receive the consideration and attention which may reasonably be expected by one who is contributing essentially to the comfort of the sick member of a family.
9. The nurse's meals should not be taken in the sick-room, but should be taken separately from the servants when practicable.
10. The nurse must not be permitted to have wines or spirits, except by the express order of the medical attendant. Where a nurse is sitting up at night, extra tea, coffee, or cocoa, should be provided, together with food.

11. The nurse should be permitted when required to sit up at night, to have seven consecutive hours rest out of the sick-room, in addition to one and a half hours for meals, and an hour for out-door exercise; and when employed in continuous night-nursing, she should be allowed at least one night in seven of undisturbed rest in bed.

12. The nurse must wear her nurse's dress at all times during her attendance.

13. The nurse must hold sacred the knowledge she may obtain of any of the private affairs of the family by whom she is engaged.

14. The nurse, on going to a case, will deliver to the friends of the patient a copy of these regulations, and a blank form of certificate (with which she will be supplied); and upon her leaving it is requested that the latter may be filled up and forwarded, without delay, by post, to the superintendent.

### Presbyterian Hospital Training School.

The regulations to govern the training school for nurses, lately instituted at the Presbyterian Hospital, in Philadelphia, have been completed. An applicant will be required to give a short biographical sketch of herself, and to submit the name of one physician and one respectable citizen as reference. The course will be for two years, the compensation for the first year being \$60 and the second \$100.

The course of training will comprise the men and women's and children's medical and surgical wards and gynecological ward, with district and private nursing. Classes will be held weekly, and personal instruction given in the wards and at the bedside. Examinations will be held during the course, to determine the progress and efficiency of nurses, diplomas being issued upon completion of course.

### To Abort Furuncles.

Jorissen recommends, to abort boils, one or more frictions daily with an ointment composed of

Red oxide of mercury . . . . . 5 grains  
Lanoline . . . . . 1 ounce

Each friction should last for three or four minutes.

Oct. 12, 1889.

## Editorial.

409

THE  
**MEDICAL AND SURGICAL  
 REPORTER.**  
 ISSUED EVERY SATURDAY.

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Make communications as short as possible.

NEVER ROLL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.

When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

**TOLERANCE OF OPERATIONS ON THE LIVER.**

Professor Ponfick, of Breslau, has been for a number of years engaged in making experiments in regard to the relation between the liver and certain anomalies in the formation of blood; and, in the course of these investigations, he has made some very striking discoveries, which, although not directly connected with the object of his investigations, are yet of very great importance. One of the most curious results of his experiments has been the discovery that the animal functions may be conducted without serious disturbance even after the loss of a very large portion of so important an organ as the liver. In some cases, operating with strict antisepsis, he succeeded in removing as much as three-fourths of the liver, either at several sittings, or in one

single operation; and the animals upon which he experimented did not lose their lives, nor seem to be seriously disturbed in their health. In hundreds of experiments, in which he removed sometimes one lobe and sometimes another, the animals remained, in a considerable number of cases, perfectly well for months, and even for as long as a year.

Clinical experience has already taught us that the whole of the liver is not absolutely essential to health, because large portions of this organ have been practically destroyed—as in the case of echinococcus and profound fatty infiltration—without any disturbance of the general functions of the body. But this, as Ponfick says, is hardly to be compared with the sudden and immediate removal of large portions of an organ which is supposed to be so important to health. The explanation of this curious fact seems to be that the liver has a wonderful power of reproduction. Ponfick found that, within a few days after the removal of portions of the liver, the work of its reproduction began, and that it proceeded with great rapidity to completion. In certain cases, he found that within a period of a few weeks as much was reproduced as had been removed; that is, twice as much as had been left behind.

These investigations have an interest altogether outside of that which is absolutely scientific, because it cannot fail to influence the development of abdominal surgery, if it is understood that large portions of the liver may be removed without serious danger to life.

**NIGHT TERRORS IN CHILDREN.**

In recent numbers of *The Medical Standard* and of the *Albany Medical Annals* there have been communications in regard to cures of night terrors in children, in one of which the recommendation is inferentially made to use whipping as a cure. In general, however, the tone of the articles indicates that the writers regard night terrors as a

genuine disorder, and one for which punishment is not a proper mode of treatment. With this latter view, we strongly sympathize.

It is possible that occasions may arise in which a whipping—although it seems cruel at first sight—may do good and be justifiable, precisely as in other cases the infliction of pain is justifiable in view of the result to be obtained; at the same time, we think there can be no doubt that most men who think carefully on this subject, will agree that night terrors require very different handling.

Whoever has experienced these terrors in his own person, or who has studied them in his own children, must feel deeply that they are a very serious and a very sad affliction, and that they call for the greatest amount of wise and kindly sympathy, and the most discreet management. In most cases they are associated with some chronic or temporary ailment. Indigestion, a catarrhal condition of the air passages which interferes with respiration, swelling of the tonsils, or of the substance of the walls of the air passages, and congestion of the meninges of the brain, constipation, or an overfilled bladder are among the causes which give rise to night terrors. In treating them, of course it is necessary, first of all, to ascertain if possible the presence of such exciting causes, and to remove them, if present.

In addition to these there are various calmatives which are useful, some of these appealing to the mental, and some to the physical part of the sufferer. Among the former, light may be set down as in every respect the most important. Very often a flood of light will do more to reassure a frightened child than anything else; and to this should be joined the presence of those upon whom the child naturally relies—the parents, the nurse, or whoever is most loved and trusted. In addition to these, diversion is very important. Sometimes the production of toys, or games, or picture books, and often playing upon a musical instrument will serve a useful purpose.

These appeal directly to the mental operations; while, for physical impressions, a child may be made to drink some hot liquid, like milk or what is called "cambric tea." Medicines are of only comparative value. The bromides take so long to act, that it is hard to tell whether they do a little good, or none at all. The administration of a sufficient dose of opium is sometimes useful, and it is by no means unwise to administer a full dose, proportioned, of course, to the age of the child, so as to produce sleep.

With all that may be done, patience, gentleness, tact and thorough sympathy with the state of mind and body of the child is of indispensable importance. No harshness of voice should ever be used, and, in our opinion, punishment is never justifiable.

#### MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The last meeting of this Association, which is the successor of the old Tri-State Medical Society, including Indiana, Illinois, and Kentucky, was held at Evansville, Indiana, September 10-12, 1889. The attendance was large and the interest was great. A number of excellent papers were read in the scientific meetings, and the social features of the occasion were very attractive. This Association seems to be especially distinguished for its social features, and the fact that it brings together in pleasant and friendly meeting a large number of men who otherwise do not have much opportunity to meet. It is enlarging in size and importance each year, and those who are interested in it never relax their efforts to increase the interest in its meetings. Indeed, it seems as if the promoters of this Association were determined to make it compare favorably with the American Medical Association. This does not imply any want of loyalty to the American Medical Association; for the men interested in Mississippi Valley Medical Association are all interested in it; but it does show a natural and proper

Oct. 12, 1889.

*Editorial.*

411

desire to develop a strong and influential medical body in the West. The Association is by no means limited to Western men; for it has repeatedly extended the most cordial invitations to men in the East to share its labors and its hospitalities, and at the last meeting a Pennsylvanian was elected first Vice-President.

We are far from regarding with envy the interest taken in this Association, as we believe that no good society can possibly be injurious to another good society, while any repressing influence which a good society may have upon a bad one may be looked upon as an advantage to the whole profession.

**PHENACETIN.**

Phenacetin is one of the latest antipyretics that has come into professional favor; and although it is closely allied in action and in chemical composition to its twin sisters antipyrin and antifebrin, clinical experience teaches that it possesses certain peculiarities which places it in the front rank of this class of remedies. Like the two latter, it is not only useful as a fever reducing agent, but it also displays a remarkable beneficial influence in diseases of the nervous system. It is indeed very probable that all these substances exert their therapeutic properties by virtue of their strong affinity for the nervous system; notwithstanding the fact that this feature was altogether unobserved when they were first introduced to the profession. It is always a cause for much congratulation, because it is an indication of normal development, when, as in this instance, independent researches, carried on in the different branches of the same science, yield evidence of a reciprocally confirmatory character. Previous to the discovery of the antipyretic action of these coal-tar products, there were investigations in progress which showed both from an experimental and a clinical standpoint that the essential lesion of fever consisted in a disordered state of the heat-regulating

centres of the nervous system. So long as fever was believed to be due primarily to super-oxidation of the bodily tissues, as was taught by the older pathology, the *modus operandi* of every antipyretic was more or less enshrouded in a cloud of darkness; but when subsequent observation demonstrated that phenacetin and its allies produced antipyresis by reason of their marked affinity for the nervous system, the neurotic theory of fever was so much richer on account of the additional evidence which it received from this quarter.

Whatever its manifestation may be, therefore, it is clear that the fundamental action of phenacetin is concentrated on the nervous system, and it is well to bear this feature of its action in mind while administering it. As an antipyretic it is in many respects superior to either antipyrin or antifebrin. This is true of it in acute as well as in chronic fever. In the experience of others, as well as in our own, it has been known to reduce acute fever in cases in which both of the latter agents had signally failed. Not only does it appear to be the most effectual antipyretic; but it also seems to be free from producing any toxic effects unless it is given in very large doses, while both antipyrin and antifebrin are prone to give rise to these—the former to a cutaneous rash, and the latter to a cyanotic condition of the blood.

Phenacetin is especially valuable in suppressing the fever of pulmonary consumption. In this as in every other chronic form of fever, large and probably double doses are required to achieve the same end as that which is obtained in acute fever. Of course no iron-clad rule can be laid down as to how much should be given in any individual instance. The best guide that can be followed is to give it "for effect." If four or five grains administered every four hours do not suffice to bring down the temperature, there should be no hesitation in giving from ten to twenty grains. Ordinarily it will be found, however, that from

five to ten grains is all that is required in such cases. It also has a modifying influence on other symptoms of this disease. Simultaneously with the reduction of fever, the cough becomes easier, the expectoration diminishes, and a general improvement in the patient's condition follows. From this it will be seen that phenacetin does good not only as an antipyretic in pulmonary consumption, but also as a constitutional tonic—a rôle which it undoubtedly plays through its action on the nervous system; and for this reason it renders useful service, and its administration should be continued in three or four-grain doses three or four times a day after the fever has abated.

That which is true of phenacetin in pulmonary consumption also holds true in chronic bronchitis, whooping-cough, migraine, neuralgia, neurasthenia, etc., when it is given in three or four-grain doses; and from all appearance it bids fair to outrival antipyrin and antifebrin in the treatment of all adynamic conditions of the nervous system.

#### **THE TENNESSEE BOARD OF HEALTH AND YELLOW FEVER.**

The *Bulletin* of the State Board of Health, of Tennessee, published at Nashville, which is one of the most interesting and instructive publications of this kind that come to us, has, during the past year, contained a number of papers in regard to yellow fever and the conditions of its suppression or prevention. In the issue for August 20, 1889, there is an interesting summary of the history of the epidemic of 1879, and the steps taken by the State Board of Health in controlling it.

The *Bulletin* calls attention to the fact that the Kentucky Board of Health, in its proceedings for 1889 credits the management of this epidemic wholly to the National Board of Health, instead of to the State Board of Health. As a matter of fact, in this case, the State Board and the National Board worked in entire and thoroughly scientific harmony, with admirable results.

Very careful study of the history of epidemics in the South seems to confirm the views repeatedly expressed in the *REPORTER* against the hasty, alarmed and consequently unwise methods which are sometimes advocated. It is fortunate that this year seems to be sufficiently advanced to remove the fear of any outbreak of yellow fever in the United States, and there is, therefore, a new opportunity furnished for the consideration and adoption of wise measures for the regulation of this very important matter. If the views held and advocated by persons so experienced as the members of the State Board of Health, of Tennessee, and other States in which yellow fever has been present at various times, were more widely diffused and better appreciated than they seem to be now, it would be very much to the advantage of the whole country.

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#### **AMERICAN PUBLIC HEALTH ASSOCIATION.**

Attention has already been called in the *REPORTER* to the approaching meeting of the American Public Health Association, which is one of the most important bodies of medical men, and others interested in public health, which convenes in this country. The programme of the meeting to be held October 22-25, in Brooklyn, provides for the discussion of exceedingly interesting topics, and by men peculiarly fitted for such discussion. The deliberations of a body like this are, and should be considered, of the greatest consequence to the whole mass of the population. But they have a peculiar interest for physicians, who in this day appreciate fully that their mission is not only to restore the sick to health, but to prevent the invasion of disease and the spread of epidemics. It is especially desirable that deliberations of this kind should be participated in by large numbers of discreet and well-informed men; and we call the attention of our readers to the American Public Health Association, in the hope that as

Oct. 12, 1889.

*Book Reviews.*

413

many of them as can find it possible will show their interest in it, and their appreciation of its important sphere, by attending this meeting, and by uniting themselves with it.

Having had inquiry already in regard to the conditions of membership, we may state that the constitution of the Association provides for two kinds of members: active and associate. The executive committee determines for which class a candidate shall be proposed. Any one desiring to become a member may send his name to Dr. John L. Moffat, 17 Schermerhorn St., Brooklyn, New York, who is Chairman of the Committee on New Members, and so be put in the way of joining the Association.

**FAITH CURE.**

It is with some satisfaction that we call attention to the fact that, at an inquest on the body of a woman who died of typhoid fever in New York on September 12, in consequence of having been given over to some faith-cure people, the jury brought in a verdict, stating that her death was due to criminal negligence, and calling attention of the Grand Jury to the "vicious practices" which are carried on by members of the organization to which deceased belonged. What the outcome of this action may be, it is too soon to predict, but it would be a great thing for the country if, in some way, some one should be punished by the authorities for these acts of negligence. One thing, at least, will be gained, and that is a notoriety which is likely to have some influence in restricting the extent of its senseless and dangerous practices.

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**—ANOTHER USE FOR BENZOL.** — This liquid is a great solvent of oils and grease. It will clean off the old grease that has been used to lubricate a microscope joint, and leave the surface bright and clean for a fresh application of the lubricant. Benzol is very convenient for cleaning the spindle to a turn-table when the table does not run smoothly.

**BOOK REVIEWS.**

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the *REPORTER*.]

**ESSENTIALS OF MATERIA MEDICA, THERAPEUTICS, AND PRESCRIPTION WRITING ARRANGED IN THE FORM OF QUESTIONS AND ANSWERS PREPARED ESPECIALLY FOR STUDENTS OF MEDICINE.** By HENRY MORRIS, M. D., Late Demonstrator, Jefferson Medical College, etc. 8vo, pp. 250. Philadelphia: W. B. Saunders 1889. Price, \$1.00.

This volume is No. 7 of Saunderson's question compendia, and is one of the best of that series. The author has endeavored to give, in a condensed form, the most important parts of *materia medica* and *therapeutics*. The classification adopted is one based on therapeutic rather than on physiological grounds, and is similar to that contained in the last edition of Wood's *Therapeutics*. The answers to the questions are concise, pithy, and clear. A vast amount of valuable information is given in very small space. Most of the newer drugs, with the exception of sulphonates, come in for a fair share of attention.

From what has been said already, it will be clear that we regard the book as well suited to the purpose for which it has been prepared. It is unfortunate, however, that the combination of type and paper used is very trying to the eye-sight.

**LECTURES ON OBSTETRIC NURSING.** By THEOPHILUS PARVIN, M. D., Professor of Obstetrics and Diseases of Women and Children at Jefferson Medical College, etc. 8vo, pp. 104. Philadelphia: P. Blakiston, Son & Co., 1889. Price, 75 cents.

This little book contains two lectures delivered to the pupils of the Training School for Nurses of the Philadelphia Hospital. In the first lecture, Dr. Parvin gives some interesting information concerning the use of the word *nurse* in early Greek and Roman history, and traces its gradual change of meaning from that of *wet-nurse* exclusively, to that of one who takes care of the sick, infirm, and convalescent. In the same chapter the author speaks of the special responsibility of the obstetric nurse, of her qualifications and of her duties to the pregnant woman before labor begins.

In the second lecture, the author speaks of sepsis, antiseptics, and septicemia. With regard to asepsis and antisepsis, he says (page 54): "the one defends, the other annihilates." It is interesting to note in this connection that the author regards creolin as preferable to any other antiseptic in obstetrics. He employs it in a strength of one teaspoonful to a pint of water. The greater part of this chapter is taken up with very clear and sound advice to the nurse regarding her conduct during labor from its beginning to its close, and also during the lying-in period. The book closes with an appendix which contains information on some important topics omitted from the lectures.

We have nothing but praise for the book: the style is clear and lively, the advice given is admirable, and the wording almost entirely free from technical expressions. It will be very useful to nurses, and can be read with profit by medical students.

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Cocaine and borax are incompatible, the alkaloid being precipitated as insoluble borate. This difficulty does not attach to boric acid and cocaine.

## NOTES AND COMMENTS.

## Curability of Surgical Tuberculosis.

In a lecture on Tuberculosis in Some of its Surgical Aspects, published in the *British Medical Journal*, July 13, 1889, Mr. Howard Marsh lays great stress upon the importance of certain predisposing conditions in the development of tuberculosis. He dwells upon the question of fitness of soil for the purpose of showing that it is a matter which has an important bearing on the development and course of tuberculosis. We find, he says, that the bacillus tuberculosis is dependent for its vitality and maintenance upon conditions and influences which are either in their nature transitory or such as can be counteracted or removed; and that, when these conditions are no longer present, the bacillus perishes and the tuberculous process comes to an end. When this point is reached there is ample evidence to show that tubercle, together with the products to which it has given rise, becomes a mere *corpus mortuum*, and either is gradually removed by disintegration and absorption, or gives rise, as any other "sequestrum" might, to an abscess, with the evacuation of which it is swept clean away. When this clearance has been effected, the structures concerned, relieved of the parasitic element, are left free to undergo repair. This consists—when much damage has been done—in the formation of cicatricial tissue, or more rarely in the development of bony ankylosis; but, in cases in which the process has been arrested early in its course, the tissues are restored to a normal condition and to the discharge of all their functions. He is convinced that in such instances, if a microscopic examination could be made, no trace whatever of any of the elements of tubercle would be discovered.

After describing a case which he regards as tuberculous purulent peritonitis in which he opened the abdominal cavity and irrigated it, and recovery followed, Mr. Marsh says he believes that such cases as these, which represent the course of tuberculosis under fairly favorable circumstances, go to show that the disease is much less inveterate and beyond control than many believe. They afford strong evidence that the bacillus, on the presence of which the disease essentially depends, often, for want of an appropriate soil, dies out and becomes inoperative. They show, in other words,

that, instead of being tenacious of life, the bacillus is perishable and often short-lived, so that in a large number of cases its action entirely ceases; and when this is the case, and when its products have been got rid of, the tissues previously invaded by it are restored either to a completely normal state or to such a condition of sound repair as they are capable of, seeing the degree of injury which the tuberculous process, before it ceased, had inflicted upon them.

He thinks it is essential in this connection to recognize the fact that there is no constitutional element in tuberculosis. What has been regarded as a constitutional condition consisted merely in the presence of those elements which favor the development of the bacillus—elements of the nature of which we are yet ignorant, but which may be present at one period and completely absent at another; present, in certain individuals, in the case of the lungs, between the ages of puberty and thirty, in the case of the joints, the spine, and the lymphatic system, between the ages of three and nine; often present when a joint has been contused, when an individual is overworked and ill fed, or residing in a damp inland neighborhood, or when a child has recently had measles; but which are as absolutely absent at other periods of life, or under other conditions, as the elements which constitute fitness of soil for scarlet fever are absent in a child who has recently had the disease, or as those appropriate for variola are absent in individuals who have recently been vaccinated.

He believes that these views in respect to tuberculosis, though some may perhaps think them overdrawn, would in a general sense be endorsed by a large majority of surgeons; but there are good grounds for asking attention to them, and enforcing them by clear evidence, at the present stage of the discussion of the principles that should be our guide in the treatment of tubercular diseases of the joints.

## Suprapubic Lithotomy.

Sir Henry Thompson reported in the *British Medical Journal*, July 6, 1889, the results of thirty-one operations of suprapubic cystotomy performed by him. Eleven of these operations were done for tumor and twenty for stone in the bladder. The tumor cases did as well as can be expected. Two of the patients were cured; of the rest, all

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Oct. 12, 1889.

## Notes and Comments.

415

died within a few months or suffered with a recurrence of the growth. Among the stone cases there were three deaths, and perhaps a fourth should be counted in.

## Value of Kola Nut.

Surgeon R. H. Firth concludes a careful paper on the Kola Nut, in the *Practitioner*, July, 1889, as follows: Kola nut is in no sense a food; it is to be regarded purely as a drug.

(2) Its physiological action upon the human economy is to increase the total urinary water, with a slight reduction of its total solids and a marked reduction of the extractives eliminated by the urine. Such action is probably due to its contained caffeine, which favors increased oxidation of the tissues. It in no way affects the nitrogen output of the body.

(3) Kola nut, when pure and not too old, has a peculiar stimulant action on the nervous system, temporarily strengthens the heart-beat, and increases the arterial tension. Taken continuously during times of exertion and fasting, it possesses some power of warding off the sense of mental and physical depression or exhaustion peculiar to that condition; this power is not, however, so marked as some observers have reported.

(4) It might be employed on service as an issue to troops in the form of broken-up nuts, the same being issued with instructions that a piece be constantly kept in the mouth and chewed, and the saliva swallowed—the fact being made clear to the men that, though not in themselves a food, yet, from certain qualities inherent in them, the nuts guard against exhaustion, and moreover have a salutary action upon the lining membrane of the mouth, stomach, and intestines, rendering them less susceptible to the action of indifferent food and water. Owing to the uncertainty of the action of Kola nuts, and the great difficulties to be overcome in combating the prejudices of soldiers towards any new and unfamiliar article such as these nuts are, any issue of Kola nuts to troops by Government should at first be upon only a limited scale, as neither our present knowledge regarding them nor the results of their trial justify any large outlay.

(5) As an infusion with milk and sugar Kola powder is an efficient substitute for tea or coffee, being especially for those affected with diarrhoea superior to either owing to its astringent action.

(6) As a therapeutic agent in the convalescence from long sickness its value is not apparent.

(7) Its alleged antagonistic action to alcoholic sequelæ is not capable of proof.

(8) As a purifier of water its action is purely mechanical, and not superior to that of the *Strychnos potatorum* or other mucilaginous seeds.

(9) Any consignment of Kola nuts bought for Government for issue to troops needs most reliable supervision, in order that none but the seeds of the true or "female Kola" are issued, and that spurious seeds, such as those of *Garcinia Kola* or "male Kola," and *Sterculia cordifolia*, species which contain no caffeine, are not issued in mistake for the true nut.

(10) While the nut powdered and made into an infusion with boiling water is an agreeable way of taking Kola; yet the nut should be always freshly ground, and this method is inferior to continual mastication of the solid nut for dietetic emergencies. Those chewing the nut must do so continuously, keeping it in the mouth all day and swallowing the saliva if any satisfactory effects are to be attained.

## Results of Vaccination on the Arm and Leg.

A French practitioner, in the course of a large number of revaccinations, was struck with the fact that the operation was far more successful when performed on the leg than when the arm was selected. He has since availed himself of an opportunity of verifying his first impression, and last year, having to revaccinate 177 school children, he chose the left leg in 99 and the left arm in 78, and carefully compared the results obtained, dividing them into three groups according as the eruption was typical, doubtful, or absent. Of the 99 cases vaccinated on the leg 23 were typical, 31 doubtful, and 45 unsuccessful, being equivalent to a percentage of 23.2 and 31.3 respectively. Of the 78 children vaccinated on the arms the numbers were 11 typical, 25 doubtful, and 42 failures, equal to 14.1 and 32 per cent. respectively. The percentage of failures was 45.45 on the leg as compared with 53.84 on the arm. It would be interesting to know if the same results have been noted by public vaccinators in this country, since, if confirmed, they would afford an additional ar-

gument for vaccinating on the leg in preference to the arm.—*Medical Press*, Sept. 4, 1889.

### Tinea Versicolor.

Dr. A. H. Ohmann-Dumesnil in *Medical Chips*, June, 1889, says: Chromophytosis, or tinea versicolor, is a parasitic disease attacking the trunk and presenting the appearance of irregular brown spots. It is slightly contagious, and is very apt to recur after an apparent cure. It grows rapidly and spreads quickly. It is attended by some itching. Among some of the methods recommended for its treatment, we have the application of green soap followed by a chrysarobin ointment, one-half drachm to the ounce; campho-phenique once a day; or, the application every night, for one week, of the following:

R Acid. salicylic . . . . .	3 ss
Sulfur. loti . . . . .	3 i ss
Lanoline }	
Vaseline }	aa 3 i

M. Ft. unguentum.  
Sig. To be applied at night and washed off in the morning.

Mercurials act very well, occasionally. Sometimes, however, cases are found which are very obstinate, and they tax the ingenuity of the physician to devise means for their relief.

### Formation of Adipocere.

Dr. J. Dixon Mann reviews, in the *Medical Chronicle*, July, 1889, a paper by Coester, in the *Vierteljahrsschrift für gerichtliche Medicin*, April, 1889, in which the latter author narrates the following case as an illustration of the formation of adipocere in corpses which have remained a long time under water. After the subsidence of the spring floods caused by the overflowing of the River Oder, the body of a woman was found in a meadow in the following condition: The whole body was stiff, and might be lifted up by one foot without any of the joints showing signs of movement. The cutis was entirely wanting. The color of the surface was ash-gray, something like common cardboard. All the tissues included under the designation of the soft parts were hard and stiff, and could be cut with difficulty. In various parts of the body were masses of a whitish substance, resembling lime, which on examination with the fingers

was found to possess a fatty, waxy consistency, becoming sticky with the warmth of the hand. The muscular tissues had entirely disappeared, and no distinction could be made between the fatty and other soft parts. The ordinary cadaverous odor was entirely absent. The weight of the body was much below the ordinary standard, so much so that it could easily be carried by a single person.

The two ways in which adipocere is said to be formed are discussed: by conversion of the albuminoids of the muscles into adipocere, in addition to the change undergone by the fatty tissues; and by conversion of the fat only. The conclusions arrived at are: That complete decoloration of the soft tissues may be produced by prolonged maceration in moving water, together with lixiviation and disappearance of the soluble matter, and swelling up of the insoluble; that adipocere cannot be formed from the albumin of the muscles, because it is liquified by putrefaction and is at once removed by the water; that adipocere is formed from the natural fat of the body, and that it occupies the position vacated by the muscular tissues which have been washed away.

### Acute Tympanites treated by Acupuncture.

Dr. Thomas Oliver gives an account, in the *Lancet*, July 6, 1889, of two cases in which he employed acupuncture in the treatment of acute tympanites. The first patient was almost moribund with intestinal obstruction when seen in consultation by Dr. Oliver. No feces had passed for over ten days. The patient, a man of middle age, had at the commencement of his illness experienced severe pain localized in the right side of the abdomen, and had vomited. The pain and vomiting became fecal and was unrelieved by ordinary medicinal measures. When Dr. Oliver saw him, the patient was propped up in bed, much exhausted by recent vomiting of a thin fluid fecal matter. The pulse was extremely small and rapid; the tongue dry and brown; there were cough and dyspnea; the abdomen was enormously distended and painful; the heart's sounds were extremely feeble, and numerous bronchial and mucous rales were audible all over the chest. No dulness was detected in the abdomen, which was generally distended and painful, coils of intestine

Oct.

Oct. 12, 1889.

## Notes and Comments.

417

being seen and felt through the abdominal parieties. The urine was high-colored and scanty. As everything almost had been tried, yet without effect, and it was clear that the patient would die unless soon relieved, Dr. Oliver suggested puncture of the intestines, which was agreed to. Into the intestine, at several places, a large hollow needle was at once driven, and there escaped in a few minutes a large volume of very fetid gas. In addition to this escape of gas, there came away through the needle at one spot a small quantity of the same thin brown fecal matter that the patient was vomiting. The relief was immediate and permanent. On the following day, the pain, vomiting, and distention of the abdomen had disappeared, and the lungs being now clear of all râles, dyspnoea was no longer present. The use of the long tube, which had hitherto failed to remove anything *per rectum*, was now successful, but only moderately so. By degrees all his urgent symptoms disappeared, and the signs of intestinal obstruction vanished, but not until five or six days after Dr. Oliver's first visit, when the patient passed a slough of small intestine, much invaginated within itself and measuring four or five inches. The man made a good recovery. But for timely acupuncture, the author thinks this case would have ended fatally.

In the second case, Dr. Oliver was asked to see in consultation a man, forty years old, who was the subject of chronic intestinal obstruction. No stool had been passed for several days, in spite of the administration of reliable drugs and the repeated employment of enemata carefully administered and carried well up the intestine. The patient, though not the subject of such urgent symptoms as detailed in the preceding case, was gradually getting worse, and it was clear that unless relieved he would soon pass beyond the reach of human care. Dr. Oliver's object in seeing him was more with the view of giving an opinion as to the advisability of abdominal section than anything else. The pulse on the whole was good, and vomiting absent, but the author may be never saw such a distended and tympanitic condition of the abdomen. The patient was stout to begin with, and was therefore not a good patient for operative measures of any kind. But the chief difficulty lay in the extreme distention. It was apparent that, even if the abdomen were opened—the treatment in one sense called

for,—it would be almost impossible to find the seat of obstruction or replace the distended coils of intestine. Acupuncture was therefore agreed upon. Into several coils of intestine a large hollow needle was carried. It took several minutes to empty the intestine, the air rushing out the while with a loud hissing noise. Relief, however, was immediate. On the following day a large stool was passed, and in a few days thereafter the patient, who had been the subject of intestinal obstruction from extreme atony of the bowel, was quite convalescent, and has since remained well.

## Rabies and Essence of Tansy.

At the meeting of the Academy of Medicine of Paris, May 28, 1889, M. Trasbot read a note upon rabies and the essence of tansy, relative to the previous communication upon the same subject by M. Peyraud, of Libourne, which was noticed editorially in the REPORTER, December 3, 1887. He concludes that the essence of tansy injected into the veins in certain doses produces in rabbits a poisoning the symptoms of which resemble those of rabies. A ten per cent. solution of chloral, mixed with the virus of rabies before inoculation, seems to diminish and even to destroy the virulent properties of the virus. Essence of tansy, when injected around the point at which the virus of rabies has been inoculated, seems to have checked the development of rabies in a certain number of animals (four out of six); whereas, in animals not so injected, but inoculated as in the case of the former, only one out of six survived. Although these numbers do not suffice to affirm that immunity against inoculations with the virus of rabies can be acquired by the injection of essence of tansy, they at least constitute testimony in favor, to a certain extent, of the opinions maintained by M. Peyraud. It would also be desirable that these experiments, repeated upon a large number of animals, should come to confirm the first results.

As to the injections of chloral made after inoculation in six animals, there were only two survivors; while of the six animals used as a check experiment only one survived. As to the preventive power of the injections of essence of tansy to check the development of rabies inoculated after these injections, they have furnished still less important

results. The animals inoculated after these injections in the anterior chamber of the eye, with the virus of rabies, have given these results: Of nine animals, only two were saved; four died of rabies and three from accidental causes. Nevertheless, all the animals used for control experiments, and inoculated in the same manner, died. These figures show how necessary it is to study anew the influence of the essence of tansy in the treatment of rabies in animals. The commission is unanimous in proposing a vote of thanks to M. Peyraud for his interesting researches and in encouraging him to continue them in endeavoring to give more precision to the method he extols.

#### Pulsatilla in Dysmenorrhœa and Ovaralgia.

Dr. Charles Bovet states in *Les nouveaux Remèdes*, No. 9, 1889, that he has successfully employed anemone pulsatilla in diseases of the uterus. He differs from other authors, who ascribe the greatest activity to the tincture prepared from the dried plant, and states that he has found the latter preparation by no means as active as the alcoholic extract, made from plants gathered fresh in June, and composed of equal parts by weight of the plant and of ninety per cent. alcohol. The glucoside obtained from the plant, and called anemonin, is less active than the extract. As regards the method of using the remedy: if the case is one of dysmenorrhœa, Bovet gives the patient, four days before the beginning of the expected period, four tablespoonfuls of a wine which contains about ten drops of the alcoholic extract of pulsatilla to the tablespoonful. As soon as menstruation begins, the use of the drug is discontinued for three or four days, and then resumed for three or four days in the dose employed at the beginning. Recovery from dysmenorrhœa is frequently observed after following this practice for two months. If chlorosis exists along with dysmenorrhœa, Bovet gives chloride of manganese also, in doses of five-sixths of a grain to the tablespoonful of the wine of pulsatilla. In cases of ovaralgia, as the result of chronic infarct of the uterus or inflammation of the neighboring structures, the pulsatilla wine is given continuously, in moderate doses, until the pain completely disappears. Bovet states that complications are never observed in the course of the treatment.

As to the dose of anemonin: it was given in doses of from five-sixths of a grain to one and one-half grains a day, and never in a larger dose than three grains. It is decidedly more uncertain in its action than the alcoholic extract, probably because changes in its constitution take place when it is kept a long time.—*Wiener med. Presse*, June 2, 1889.

#### Abdominal Section in Typhoid Fever.

At the meeting of the Royal Academy of Medicine in Ireland, May 17, 1889, Dr. J. H. Nicholas read a paper on abdominal section in typhoid fever. The histories of two cases were read and specimens shown for the purpose of inquiring whether or not opening the abdomen is justifiable in perforation of the intestine in typhoid fever. It was assumed that the existence of diffused acute peritonitis might be accepted as a diagnosis of perforation existing; and as recovery, with fecal matter exuded into the cavity of the abdomen was absolutely impossible, it was suggested that before collapse appeared the abdomen might be opened and washed out, and the opening sewed to the anterior wall. Among the many objections, the following were mentioned: difficulty of diagnosis; condition of the patient; difficulty of finding the perforation; diseased condition of the wall of the gut; many cases diagnosed as perforation having recovered. The author endeavored to answer these objections.

Dr. Ball said the treatment of perforating ulcers from typhoid fever by abdominal section had been adopted on several occasions with results uniformly fatal; that such a result was to be expected was due to the fact that the union of intestinal wounds demanded not only a very accurate adjustment but a very rapid healing of the parts.—*British Medical Journal*, June 15, 1889.

#### Recovery from a Snake Bite.

An interesting case of recovery from the bite of a snake is recorded in a foreign medical contemporary. A medical man, Dr. Zeperino Meirelles, was called to a robust planter, 55 years old, who had just been bitten by a poisonous snake in the neighborhood of the left external malleolus. A ligature was at once tightly applied round the limb above the wound. About two

Oct. 12, 1889.

## Notes and Comments.

419

hours afterwards there was injected into the four openings made in the skin by the teeth of the animal a hundred grammes of distilled water containing one gramme of permanganate of potash. At the same time the wounds were dressed with lint soaked in a solution of the same strength. Seven hours after the bite the toxic symptoms commenced. The patient became greatly agitated, severe pains were felt in the abdomen, blood-stained expectoration was frequent, and the urine was also blood-stained. The conjunctive, the buceal, and pharyngeal mucous membranes were greatly injected, the gums tender and bleeding on pressure, and blood-stained serum oozed from the wounds. Respiration was difficult, the pulse accelerated, and noises in the ears were much complained of. About an hour and a half after two further injections had been given the condition of the patient became complicated with vertigo, hallucinations and vomiting. A fourth injection was followed by great feebleness and loss of sight. Without being discouraged, Dr. Meirelles administered three more injections. The last was effectual, and the patient fell into a troubled sleep. He was convalescent at the end of a week.—*Medical Press*, July 10, 1889.

## Melon-Seed Bodies in Joints and Tendon-Sheaths.

Considerable light has recently been thrown by Schuchardt on the mode of production of these bodies (*Centralblatt für Chirurgie*, April 27, 1889). After criticising the generally accepted views of their formation by fibrinous deposition, he gives at some length the results of his own microscopical examination of specimens that have come under his notice. His researches seem to show that the mode of their origin is essentially different from that which has been just referred to. They either consist of altered portions of the lining membrane of the walls of the cavity itself in which they are contained, or they are developed in connection with the tendon-sheaths; whilst a careful examination of them shows that coagulated fibrin does not really enter into their composition. In more than one instance the living membrane of the joint was found to be covered with a viscid substance more or less laminated in character, and here and there already causing adhesions to take place between the opposing surfaces of

the joints. These glutinous masses appear to be composed of partially "necrosed" portions of the joint wall, which instead of passing away, remain connected with the wall and likewise become attached to one another. The movements of the surfaces of the joints upon each other then cause these bodies to drop into the joints, where they lie loose as melon-seed bodies; and if the joint is in fairly healthy condition, they may be evacuated and leave behind a good and useful joint.—*Practitioner*, June, 1889.

## Ovariectomy During Pregnancy.

In the *Gaceta Médica*, Aug. 15, 1889, Dr. T. Noriega, of the City of Mexico, gives an interesting account of a case in which he did a successful ovariectomy upon a pregnant woman. The patient was twenty-four years old and in the fifth month of pregnancy.

The account is very complete and accurate and is illustrated with a beautiful wood-cut.

## Sulphur as a Disinfectant.

In disinfection by burning sulphur, Dr. Squibb recommends the evaporation of an amount of water equal to four times the amount of sulphur burnt. To render the disinfection effective, it is necessary that sufficient moisture be present in the atmosphere with which the sulphurous oxide may unite. The water may be evaporated in a shallow dish, heated to boiling. The sulphur, placed in a smaller dish set in the water bath, is moistened with alcohol and ignited. Walls covered with kalsomine or whitewash should be dampened with a brush before the sulphur is burnt.

## Treatment of Catarrh of the Bladder.

Dr. L. Frey, of Vienna, strongly recommends the treatment of chronic catarrh of the bladder with thorough irrigation with warm water, followed by injection of a pint of lukewarm water to which has been added a tablespoonful of the following mixture:

R. Iodoform . . . . .	5 ounces
Glycerine . . . . .	4 fl. ounces
Distilled water . . . . .	1 fl. ounce
Gum tragacanth . . . . .	12 grains

—*Wiener med. Presse*, May 19, 1889.

## NEWS.

—Dr. A. J. Louder has removed from White Haven, Pa., to Pioche, Nevada.

—Dr. Mary B. Winslow has removed from Seattle, W. T., to Port Townsend, W. T.

—Surgeon General Hamilton, of the Marine Hospital Service, has been authorized by the President to keep open the quarantine stations at Delaware Breakwater, Tortugas Keys, Sapelo Sound, and Cape Charles.

—Dr. Benjamin Lee, Secretary of the Pennsylvania State Board of Health, returned from Johnstown Sept. 28, and reported the discontinuance of work by the Board together with the fact that the town is in good hygienic condition.

—Dr. Sternberg, of the U. S. Army, accompanies the excursionists of the Congress of American Nations, in the capacity of surgeon. He was selected by the Secretary of War for this duty because of his familiarity with the Spanish language and the Spanish-American people.

—An epidemic of malignant diphtheria has broken out in Carbondale, Pa., and about seventy-five cases had been reported by Oct. 3. In many cases entire families are stricken down. Eight years ago an epidemic of the same disease visited Carbondale and did fearful damage.

—It is reported from Portsmouth, N. H., that Dr. H. F. Bradbury, who has figured conspicuously in connection with the bogus medical colleges in Vermont, New Hampshire, and Massachusetts, referred to in the *REPORTER*, Oct. 5, was arrested in Norway, Maine, Oct. 3, and brought to Portsmouth, where he was arraigned before the United States Commissioner, charged with fraudulent use of the mails. The Commissioner held him in \$10,000 for the Circuit Court at Concord, October 8.

—At the regular monthly meeting of the Norristown Hospital Trustees in Philadelphia the physician's report showed a population of 892 males and 858 females. The system of inspectorship which was adopted by the Board some time ago, for the purpose of preventing, as far as possible, cruelty to patients, was explained. Alcoves have been built in which inspectors will be placed. From these lookouts the doings of the attendants all over the wards can easily be seen, and any dereliction of duty will be promptly reported. The system is ready for practical operation.

## HUMOR.

DASHER—"I hope you don't object to my smoking?"

Rev. Mr. Mylde—"N—not in the least, if—you don't object to my being sick."—*Pick Me Up.*

TWINS.—Mrs. O'Finnegan—"This, mum, is me twin bye, Mickey." Mrs. Worthington—"Indeed; where is the other one?" Mrs. O'Finnegan—"Shure, he's over to his mother's house, Mrs. Toule's. Her Jimmy and me Mickey was twins—born on the same day, mum."

ENOUGH TO KILL HIM.—Family Physician (greatly shocked)—"Jehones, you should have sent for me sooner; how long have you been in this fearful condition?" Jehones (with a hollow cough)—"About two months; ever since the beginning of December, in fact." Family Physician—"You are still employed on the staff of the *Morning Tomahawk*, are you not?" Jehones—"Yes." Family Physician—"You must have been working too hard." Jehones (feeble)—"I am afraid I have; I spend two or three hours every day trying to compile a department of 'Bright Things' from the *Congressional Record*."—*Chicago Tribune*.

PEDAGOGICAL.—Two eccentric-looking women, whose description seemed to identify them as Mrs. Malaprop and Mrs. Partington, were in a Fourth avenue car yesterday, and entertained the passengers with their brilliant remarks. "I see from the papers," said one of them, "that they have fixed up a college of pedagogy and are going to give degrees. I think it is a horrid outrage. I won't say nothing about those Madison Square affairs, which certainly have a bad influence on the people. The idea! to watch a lot of crippled fools running around a ring for a whole week! I won't say nothing about that, but when they start a reg'lar college to train more such fools I think the law, or Mayor Grant, or Congress, or somebody ought to stop it." "Why, Mrs. Partington," exclaimed her companion, with a superior smile, "you've made a dreadful mistake. That College of Pedagogy and the training school are not for walkers at all. It doesn't mean that." "Of course it does; if it doesn't, what does it, then?" remarked the first, with charming consistency. "Corn doctors, of course," was the answer, and at the same moment the car ran off the track.—*New York Tribune*.